

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAIL STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PART I **LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** Tanaka Lance Norman (808) 547-3920 MAILING ADDRESS (Street) FAX 91-325 Komohana Street (808) 547-3858 (City) (State) (Zip Code) Kapolei Hawaii 96707 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Tesoro Hawaii Corporation	(808) 547-3920		
MAILING ADDRESS (Street)	FAX		
91-325 Komohana Street	(808) 547-3858		
(City)	(State)	(Zip Code)	
Kapolei	Hawaii	96707	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Pualani Bargamento	(808) 547-3913		
MAILING ADDRESS (Street)	FAX		
91-325 Komohana Street	(808) 547-3858		
(City)	(State)	(Zip Code)	
Kapolei	Hawaii	96707	

PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBB	V		
✓ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment			
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
2/					
(Signature of Lobbyist)			1/1/1006		
			(Date)		
PART V AUTHORIZATI	ON TO LOBBY				
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTE					
Frank Clouse, VP & Kapolei Refinery Manager					
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Tesoro Hawaii Corporation			(808) 479-0408		
MAILING ADDRESS (Street)			FAX		
91-325 Komohana Street			(808) 547-3858		
(City)	(State)		(Zip Code)		
Kapolei	Hawaii	Hawaii 96707			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Authorizing Officer or Person Represented) (Date)					

(Date)